Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name KROGER #744 Address 2864 CHARLESTOWN ROAD, NEW ALBANY IN 47150 Owner KROGER BUSINESS LICENCE Owner's Address P.O. BOX 305103 NASHVILLE, TN 37230- Person in Charge BROOKE RATLIFF Responsible Person's Email BROOKE.RATLIFF@JAY-C.COM | | | | | | | Telephone Number Est 812-944-7016 Own 615-232-9507 Purpose | Date of Inspection 06/17/2021 Follow Up Released 06/27/2021 Menu Type 1 _ 2 _ 3 _ 4 <u>X</u> 5 _ | | |
|--|--|---------------|--|--------|------------|--|---|--|--|--|
| Certified Food Handler LINDSEY RATLIFF DIANE L LUHRSEN BRYAN P HASENSTAB CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" | | | | | | | Other (list) | | | |
| VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" Section # C NC R Narrative To Be Corrected | | | | | | | | | | |
| 345 | # C NC R Narrative X Observed residue in handwashing sink in bakery are | | | | | | kerv area. | To Be Corrected TODAY | | |
| | | | | | | | | | | |
| Summary of Vio | | C e printe | | 1 NC _ | <u>0</u> R | | Inspected by (name and titl | e printed): | | |
| BROOKE RATLIFF | | | | | | | Christa Manus EHS | | | |
| Received by (signature): | | | | | | | Inspected by (signature): | | | |
| cc: | | | | | cc: | | | cc: | | |